

CLAIMS ONLY							Application Number <b>10/1080669</b>		Filing Date	
							Applicant(s).			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2	1						52			
3	2						53			
4	1						54			
5	2						55			
6	2						56			
7	2						57			
8	2						58			
9	2						59			
10	1						60			
11	1						61			
12	1						62			
13	1						63			
14	2						64			
15	2						65			
16	2						66			
17	2						67			
18	1						68			
19	1						69			
20	1						70			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	32						Total Depend			
Total Claims	35						Total Claims			